

Colorado Medicaid Vision Services

What is the Vision Services Benefit at Colorado Medicaid?

Vision Services includes both optometrist and eyewear services benefits. The optometrist benefit covers eye examinations. Eyewear services is a benefit which covers glasses, contacts, ocular prosthetics, orthoptic vision treatment, low vision aids and other lens services. If you are enrolled in a managed health care plan, you may have additional benefits not listed below.

Who is eligible?

- *Children* (age 20 and under)
- *Adults* (age 21 and older)

Available Benefits:	Benefit Limitations:	Cost:
Eye examinations- adult	only problem focused visits are covered	\$2.00 co-pay
Eye examinations- child	no limitation	\$0
Standard eye glasses- adult	after eye surgery only, limited to single or multi-focal clear plastic lenses and one standard frame	\$0
Standard eye glasses- child	limited to single or multi-focal clear plastic lenses and one standard frame	\$0
Contact lenses	only covered when there is a medical reason, needs prior authorization	\$0
Ocular prosthetics	needs prior authorization	\$0
Orthoptic Vision Treatment	needs prior authorization	\$0
Low vision aids	needs prior authorization	\$0

- Contact lens supplies and contact lens insurance are not benefits.
- Extra options added on to standard frames and lenses can be purchased at cost to the client, but the provider must obtain written agreement from the client to pay for non-covered costs.

How often can glasses be replaced or repaired?

- Repair of eyeglasses is covered only when due to broken frames or lenses.
- Replacement glasses shall be provided when medically necessary or when the glasses are damaged to the extent that repairs are not cost effective.

Can a provider bill clients for separate charges for services?

- No, separate or “stand-alone” charges for refractions are not billable to clients as non-benefited services

For more information call:

Customer Service Within Denver Metro area – 303-866-3513
Outside Denver Metro area – 1-800-221-3943



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